BRINKS CERTIFICATE OF MAILING UNDER 37 C.F.R. §1.8 Thereby certify that this correspondence is being deposited with the United States Postal Service as first class mail, with sufficient postage, in an envelope addressed to: Commissioner for Patents, P. O. Box 1450, Alexandria VA 23313-1450, HOFER GILSON Name: Anthony P. Curtis &LIONE IN THE UNITED STATES PATENT AND TRADEMARK OFFICE In re Appln. of: Jimmy Luong Examiner: TU, CHRISTINE 09/891,837 Appln. No.: TRINH LE Art Unit: 2133 June 26, 2001 Filed: METHOD AND APPARATUS FOR COLLECTING For: AND DISPLAYING BIT-FAIL-MAP INFORMATION 2001 P 10929US (10808/183) Attorney Docket No: Commissioner for Patents P. O. Box 1450 TRANSMITTAL Alexandria, VA 22313-1450 Sir: Attached is/are: Transmittal Letter; Submission of Power of Attorney, Change of Correspondence Address and Change of Attorney Docket Number and executed Power of Attorney Return Receipt Postcard 冈 Éee calculation: No additional fee is required. \boxtimes Small Entity. -month extension of time under 37 C.F.R. § 1.136(a). An extension fee in an amount of \$____ for a __ \Box A petition or processing fee in an amount of \$____ under 37 C.F.R. § 1.17(___ An additional filing fee has been calculated as shown below: П Not a Small Entity Small Entity Present Highest No. Claims Remaining Add'I Fee Rate Add'l Fee Previously Paid For Extra Rate After Amendment x \$50= x \$25= Total Minus x \$200= x 100= Minus Indep. + \$360= +\$180= First Presentation of Multiple Dep. Claim Total \$ Total \$ Fee payment: A check in the amount of \$____ is enclosed. . A copy of this Transmittal is enclosed Please charge Deposit Account No. 23-1925 in the amount of \$ for this purpose. Payment by credit card in the amount of \$____ (Form PTO-2038 is attached). The Director is hereby authorized to charge payment of any additional filing fees required under 37 CFR § 1.16 and any patent application processing fees under 37 CFR § 1.17 associated with this paper (including any

extension fee required to ensure that this paper is timely filed), or to credit any overpayment, to Deposit Account No. 23-1925.

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Anthony P. Curtis, Reg. No. 46,193

Name of applicant, assignee or Registered Representative

Signature

Date of Signature

PATENT Our Case No. 2001 P 10929US (10808/183)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Jimmy Luong

Serial No.: 09/891,837 Examiner: TU, CHRISTINE TRINH LE

Filed: June 26, 2001 Group Art Unit: 2133

For: METHOD AND APPARATUS FOR COLLECTING AND DISPLAYING BIT-FAIL-

MAP INFORMATION

SUBMISSION OF POWER OF ATTORNEY, CHANGE OF CORRESPONDENCE ADDRESS AND CHANGE OF ATTORNEY DOCKET NUMBER

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Dear Sir:

Please change the correspondence address for the above-identified application to:

Customer No. 48581-Infineon Technologies

I am the Attorney of Record as evidenced by the enclosed Power of Attorney.

Serial No.: 09/891,837 Filing Date: 6/26/01

Please delete the attorney docket number and insert in lieu thereof $-2001\,P$ 10929US (10808/183)--.

Respectfully submitted,

Anthony P. Curtis

Attorney Reg. No. 46,193 Attorney for Applicant

BRINKS HOFER GILSON & LIONE P.O. Box 10395 Chicago, IL 60610 Telephone (312-321-4200) Facsimile (312-321-4299)



Jimmy Luong

Title of Appln.: METHOD AND APPARATUS FOR COLLECTING AND

DISPLAYING BIT-FAIL-MAP INFORMATION

POWER OF ATTORNEY BY ASSIGNEE AND CORRESPONDENCE ADDRESS INDICATION

The specification of the above-identified patent application:
is attached hereto.
Infineon Technologies Richmond, LP, a corporation organized under the laws of the State of Delaware, ("ASSIGNEE") certifies that it is the assignee of the entire right, title and interest in the patent application identified above by virtue of either:
An assignment from the inventor(s) of the patent application identified above, a copy of which was recorded in the Patent and Trademark Office at Reel 011955, frame 0625, or a copy thereof is attached; OR
A chain of title from the inventor(s) of the patent application identified above, to the current assignee as shown below:
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☐ Additional documents in the chain of title are listed on a supplemental sheet.
ASSIGNEE hereby revokes all previously granted powers of attorney in the above identified patent application and appoints the Practitioners associated with the following Customer Number as its attorneys, with full power of substitution and revocation, to prosecute this application and any continuations, divisions, reissues, and reexaminations thereof, to receive the patent(s), to transact all business in the United States Patent and Trademark Office connected therewith, and to act on ASSIGNEE'S behalf before the competent International Authorities in connection with any and all international applications filed by ASSIGNEE:
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Please recognize or change the correspondence address for this application to the address associated with the above-mentioned Customer Number. Please direct all telephonic and facsimile communications to:
Joseph W. Flerlage Tel.: (312) 321-4200; Fax: (312) 321-4299
The undersigned (whose title is supplied below) is empowered to act on behalf of ASSIGNEE.
I hereby declare that all statements made herein of my own knowledge are true, and that all statements made on information and belief are believed to be true; and further, that these statements are made with the knowledge that willful false statements, and the like so made, are purishable by fine or imprisonment, or both, under 18 U.S.C. §1001, and that such willful false statements may jeopardize the fallotty of the application or any patent issuing thereon.
Signature Name: Michael Kucher Title: Michael Kucher
Title: Its Assistant Secretary Duly Authorized